WEST Search History

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DATE: Tuesday, February 08, 2005

Hide?	Set Name	Query	Hit Count
	DB=PGPB,USPT,EPAB,JPAB,DWPI; PLUR=YES; OP=ADJ		
☐	L17	5681580.pn.	2
☐	L16	heat assisted and transdermal	6
☐	L15	heat assisted transdermal	0
☐	L14	heat assisted transdermal patches	0
☐	L13	heat assisted drug delivery	5
☐	L12	heat with L10	0
☐	L11	heat and L10	48
☐	L10	active transdermal	130
☐	L9	active transdermal drug delivery systems	11
☐	L8	active transdemal drug delivery systems	1
☐	L7	L2 and L6	0
☐	L6	electrical heating devices	222
☐	L5	L2 and L4	611
☐	L4	L1 and heat	91408
☐	L3	L1 with L2	181
☐	L2	transdermal	41604
☐	L1	electrical current or electricity	249555

END OF SEARCH HISTORY

h e b b cg b chh e e f ff e ch e ge ge

(FILE 'HOME' ENTERED AT 11:49:30 ON 08 FEB 2005)

FILE 'MEDLINE' ENTERED AT 11:49:52 ON 08 FEB 2005

L1	6	S	ACTIVE TRANSDERMAL
L2	9	S	HEAT ASSISTED
L3	0	S	L1 AND L2
L4	1	S	ELECTRICAL HEATING DEVICE
L5	0	S	HEATED TRANSDERMAL
L6	897	S	TEMPERATURE CONTROL
L7	0	S	TRANDERMAL AND L6
L8	0	S	TRANSDERMAL AND L6
L9	0	S	TRANSDERMAL PATCHES AND L6

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* * * * * * * * * *   Welcome to STN International   * * * * * * * * * *

 NEWS  1           Web Page URLs for STN Seminar Schedule - N. America
 NEWS  2           "Ask CAS" for self-help around the clock
 NEWS  3  SEP 01   New pricing for the Save Answers for SciFinder Wizard within
                   STN Express with Discover!
 NEWS  4  OCT 28   KOREAPAT now available on STN
 NEWS  5  NOV 30   PHAR reloaded with additional data
 NEWS  6  DEC 01   LISA now available on STN
 NEWS  7  DEC 09   12 databases to be removed from STN on December 31, 2004
 NEWS  8  DEC 15   MEDLINE update schedule for December 2004
 NEWS  9  DEC 17   ELCOM reloaded; updating to resume; current-awareness
                   alerts (SDIs) affected
 NEWS  10 DEC 17   COMPUAB reloaded; updating to resume; current-awareness
                   alerts (SDIs) affected
 NEWS  11 DEC 17   SOLIDSTATE reloaded; updating to resume; current-awareness
                   alerts (SDIs) affected
 NEWS  12 DEC 17   CERAB reloaded; updating to resume; current-awareness
                   alerts (SDIs) affected
 NEWS  13 DEC 17   THREE NEW FIELDS ADDED TO IFIPAT/IFIUDB/IFICDB
 NEWS  14 DEC 30   EPFULL: New patent full text database to be available on STN
 NEWS  15 DEC 30   CAPLUS - PATENT COVERAGE EXPANDED
 NEWS  16 JAN 03   No connect-hour charges in EPFULL during January and
                   February 2005
 NEWS  17 JAN 26   CA/CAPLUS - Expanded patent coverage to include the Russian
                   Agency for Patents and Trademarks (ROSPATENT)

 NEWS EXPRESS  JANUARY 10 CURRENT WINDOWS VERSION IS V7.01a, CURRENT
               MACINTOSH VERSION IS V6.0c(ENG) AND V6.0Jc(JP),
               AND CURRENT DISCOVER FILE IS DATED 10 JANUARY 2005

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FILE 'HOME' ENTERED AT 11:49:30 ON 08 FEB 2005

=> file medline
COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                       ENTRY    SESSION
FULL ESTIMATED COST                                     0.21       0.21

FILE 'MEDLINE' ENTERED AT 11:49:52 ON 08 FEB 2005

 FILE LAST UPDATED: 5 FEB 2005 (20050205/UP).  FILE COVERS 1950 TO DATE.

 On December 19, 2004, the 2005 MeSH terms were loaded.

 Warning: The search L-number/HUMAN limit is missing from records indexed
 with the new 2005 MeSH (records added since December 19, 2004).  Until
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this is corrected, include HUMANS/CT and 20041219-20051231/ED in searches to limit results to humans for this time period.

OLDMEDLINE now back to 1950.

MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the MeSH 2005 vocabulary. See http://www.nlm.nih.gov/mesh/ and http://www.nlm.nih.gov/pubs/techbull/nd03/nd03_mesh.html for a description of changes.

This file contains CAS Registry Numbers for easy and accurate substance identification.

```
=> s active transdermal
        408426 ACTIVE
          4949 TRANSDERMAL
L1           6 ACTIVE TRANSDERMAL
                 (ACTIVE(W)TRANSDERMAL)

=> s heat assisted
        135437 HEAT
        134659 ASSISTED
L2           9 HEAT ASSISTED
                 (HEAT(W)ASSISTED)

=> s l1 and l2
L3           0 L1 AND L2

=> d l1 1-6 ibib abs

L1   ANSWER 1 OF 6     MEDLINE on STN
ACCESSION NUMBER:   2002422087     MEDLINE
DOCUMENT NUMBER:    PubMed ID: 12175752
TITLE:              Enhanced transdermal transport by electroporation using
                    anionic lipids.
AUTHOR:             Sen Arindam; Zhao Yali; Zhang Lei; Hui Sek Wen
CORPORATE SOURCE:   Department of Molecular and Cellular Biophysics, Roswell
                    Park Cancer Institute, Buffalo, NY 14263-0001, USA..
                    arindam.sen@roswellpark.org
SOURCE:             Journal of controlled release : official journal of the
                    Controlled Release Society, (2002 Aug 21) 82 (2-3) 399-405.
                    Journal code: 8607908. ISSN: 0168-3659.
PUB. COUNTRY:       Netherlands
DOCUMENT TYPE:      Journal; Article; (JOURNAL ARTICLE)
LANGUAGE:           English
FILE SEGMENT:       Priority Journals
ENTRY MONTH:        200211
ENTRY DATE:         Entered STN: 20020815
                    Last Updated on STN: 20021212
                    Entered Medline: 20021114
AB   Transdermal drug delivery is an attractive approach for either local or
     systemic treatment in medicine. In the last decade, different
     active transdermal delivery methods have been further
     investigated such as cationic liposomal delivery and electroporation-
     enhanced delivery. In light of gaining a synergistic effect of lipid and
     electroporation, a new method of using anionic lipids to enhance the
     transdermal transport of molecules under electroporation is reported here.
     Heat-stripped porcine epidermis was used for measurement of transdermal
     transport using an in vitro vertical diffusion apparatus. Lipid vesicles
     were prepared using a 1:1 mole ratio mixture of 1,2-dioleoyl-3-
     phosphatidylglycerol (DOPG) and 1,2-dioleoyl-3-phosphatidylcholine (DOPC).
     When the lipids were mixed with (but not encapsulating) the transport
     target molecule, the electroporation-induced transport through porcine
     epidermis was increased as compared to that without the lipids. The
```

enhancement in transport was dependent upon the size and the charge of the transported molecule. Methylene blue (MB), protoporphyrin IX (PpIX) and dimethyl-protoporphyrin IX (DM-PpIX) were used as small target molecules, and FITC-dextrans (4 to 155 kDa) were used as large target molecules in our studies. Enhancement of transport, to varying degree, was observed for all three small molecules (molecular weights <1 kDa), in the presence of DOPG:DOPC vesicles. In the case of large molecules, lipid-enhanced transport was only observed for the 4 kDa dextran, and not for the larger ones (M(w)>10 kDa). Neutral or cationic lipids alone did not enhance the transdermal transport under the electroporation conditions we used.

L1 ANSWER 2 OF 6 MEDLINE on STN
ACCESSION NUMBER: 96231789 MEDLINE
DOCUMENT NUMBER: PubMed ID: 8640997
TITLE: Effects of diuretic therapy on the development of tolerance to nitroglycerin and exercise capacity in patients with chronic stable angina.
AUTHOR: Parker J D; Parker A B; Farrell B; Parker J O
CORPORATE SOURCE: Department of Medicine, Queen's University, Kingston (Ontario) General Hospital, Canada.
SOURCE: Circulation, (1996 Feb 15) 93 (4) 691-6.
Journal code: 0147763. ISSN: 0009-7322.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 199607
ENTRY DATE: Entered STN: 19960726
Last Updated on STN: 19960726
Entered Medline: 19960715

AB BACKGROUND: Therapy with diuretics has been reported to prevent the development of nitrate tolerance. Importantly, diuretics may have independent antianginal effects through their effects on intravascular volume. The present investigation was designed to determine whether diuretic therapy could prevent the development of tolerance to continuous transdermal nitroglycerin. The study was also designed to examine whether diuretic therapy has an independent antianginal effect. METHODS AND RESULTS: Twelve patients with chronic stable angina were studied in a randomized, double-blind, crossover trial. Patients received diuretic (hydrochlorothiazide plus amiloride) or placebo for 14 to 20 days. During each double-blind treatment period, patients underwent treadmill exercise testing on three separate occasions. The first exercise testing was performed after 7 to 10 days of single-blind, placebo transdermal nitroglycerin therapy. Subsequently, exercise testing was repeated on the first day of **active transdermal** nitroglycerin therapy and following 7 to 10 days of continuous transdermal nitroglycerin application. Therapy with a diuretic was associated with an increase in exercise capacity but had no effect on nitroglycerin tolerance. During therapy with placebo transdermal nitroglycerin, diuretic therapy caused an increase in treadmill walking time to the development of moderate angina compared with placebo (371 +/- 26 versus 288 +/- 16 seconds, diuretic versus placebo, P < .01). Similar results were obtained during both acute and sustained nitroglycerin therapy. CONCLUSIONS: The results of this study demonstrate that therapy with a diuretic has no effect on the development of tolerance to continuous transdermal nitroglycerin. Interestingly, diuretic therapy itself has important antianginal effects and improves exercise capacity in patients with stable angina.

L1 ANSWER 3 OF 6 MEDLINE on STN
ACCESSION NUMBER: 96089659 MEDLINE
DOCUMENT NUMBER: PubMed ID: 8548020
TITLE: Development and validation of a gradient reversed-phase

high-performance liquid chromatographic assay for S(-)-2-(N-propyl-N-2-thienylethylamino)-5-hydroxytetralin (N-0923) from a transdermal delivery system.
AUTHOR: Walters D L; Strong C R; Green S V; Curtis M A
CORPORATE SOURCE: Battelle, Columbus, OH 43201-2693, USA.
SOURCE: Journal of chromatography. B, Biomedical applications, (1995 Aug 18) 670 (2) 299-307.
Journal code: 9421796. ISSN: 0378-4347.
PUB. COUNTRY: Netherlands
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199602
ENTRY DATE: Entered STN: 19960306
Last Updated on STN: 19960306
Entered Medline: 19960221

AB A gradient reversed-phase HPLC method for potency determination of N-0923 (10 mg) from a transdermal delivery system (TDS), was developed and validated with single point calibration using internal standard quantitation. N-0923 and the internal standard, N-0434, are eluted from a reversed-phase C18 column using a gradient which contains 0.1 M triethylamine-0.04 M citrate buffer, pH 5.9, water, and acetonitrile with UV detection at 272 nm. N-0923 is isolated from the transdermal delivery system by extraction with n-heptane followed by extraction of the resulting organic phase with 0.1 M citric acid containing the internal standard. The method was free from matrix interferences in both untreated and forced degraded placebo delivery systems. Acceptable linearity and quantitative recovery from spiked placebo delivery systems over the range 50-150% of nominal label claim were demonstrated. Within-day assay precision from individual samples of **active transdermal** delivery systems (n = 10) was 5.6% R.S.D. The detection limit was at least 0.1 microgram/ml which is equivalent to 0.05% of the working standard concentration. Replicate injection precision at this level was 0.08% R.S.D. (n = 4). Analysis of thermally stressed active and placebo delivery systems with this HPLC method and photodiode-array detection showed that the chromatography was stability-indicating as demonstrated by the absence of measurable interferences from principal degradation products of either the n-0923 or the delivery system excipients.

L1 ANSWER 4 OF 6 MEDLINE on STN
ACCESSION NUMBER: 95367890 MEDLINE
DOCUMENT NUMBER: PubMed ID: 7640544
TITLE: Double blind trial of repeated treatment with transdermal nicotine for relapsed smokers.
AUTHOR: Gourlay S G; Forbes A; Marriner T; Pethica D; McNeil J J
CORPORATE SOURCE: Department of Social and Preventive Medicine, Monash University, Melbourne, Australia.
SOURCE: BMJ (Clinical research ed.), (1995 Aug 5) 311 (7001) 363-6.
Journal code: 8900488. ISSN: 0959-8138.
PUB. COUNTRY: ENGLAND: United Kingdom
DOCUMENT TYPE: (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 199509
ENTRY DATE: Entered STN: 19950930
Last Updated on STN: 19950930
Entered Medline: 19950918

AB OBJECTIVE--To assess the efficacy and safety of a repeat course of treatment with transdermal nicotine for cessation of smoking in a brief intervention setting. STUDY DESIGN--Randomised, double blind, placebo controlled trial with follow up for 26 weeks. SUBJECTS--629 smokers who had unsuccessfully attempted to stop smoking by using **active**

transdermal nicotine and brief behavioural counselling. Smokers were motivated to quit smoking for a second time and smoked > or = 15 cigarettes a day. INTERVENTIONS--Twelve weeks' treatment with **active transdermal** nicotine patches or placebo and brief counselling at monthly visits. MAIN OUTCOME MEASURE--Sustained smoking cessation for the 28 days before the visit at week 12 verified by expired carbon monoxide concentrations. RESULTS--At 12 weeks 21/315 (6.7%) subjects allocated to active treatment had stopped smoking compared with 6/314 (1.9%) allocated to placebo (absolute difference 4.7%; 95% confidence interval 1.6% to 7.9%; P = 0.003). At 26 weeks the rates were 20/315 (6.4%) and 8/314 (2.6%) (3.8%; 0.6% to 7.0%; P = 0.021). Difficulty in sleeping was reported by 43/179 (24.0%) on active treatment and 19/143 (13.3%) on placebo (P = 0.015). Severe reactions at the site of application were rare (6/322; 1.9%). CONCLUSIONS--Repeated treatment with transdermal nicotine together with brief counselling can improve the low success rates of smoking cessation in recently relapsed, moderate to heavy smokers. Questions remain about whether more intensive interventions or higher doses of nicotine could be more effective. The likelihood of severe reactions at the site of application with repeated treatment is low.

L1 ANSWER 5 OF 6 MEDLINE on STN
ACCESSION NUMBER: 95153870 MEDLINE
DOCUMENT NUMBER: PubMed ID: 7850984
TITLE: Intermittent transdermal nitroglycerin therapy. Decreased anginal threshold during the nitrate-free interval.
AUTHOR: Parker J D; Parker A B; Farrell B; Parker J O
CORPORATE SOURCE: Department of Medicine, Queen's University, Kingston General Hospital, Ont, Canada.
SOURCE: Circulation, (1995 Feb 15) 91 (4) 973-8.
Journal code: 0147763. ISSN: 0009-7322.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 199503
ENTRY DATE: Entered STN: 19950322
Last Updated on STN: 19950322
Entered Medline: 19950315

AB BACKGROUND: Intermittent transdermal nitroglycerin therapy is effective in the treatment of stable angina and prevents the development of tolerance. Previous investigations have suggested that removal of nitroglycerin patches may be associated with a decrease in anginal threshold. This study examines the effect of nitroglycerin patch removal on anginal threshold in a group of patients with stable angina. METHODS AND RESULTS: Twelve patients with stable angina were enrolled in a randomized, double-blind, placebo-controlled, crossover study. These patients had reproducible treadmill walking times and were taking no other long-acting antianginal medications or vasodilators. They received 0.8 mg/h transdermal nitroglycerin or wore a matching placebo patch for 5 to 7 days and then crossed over to the other treatment arm of the study. Transdermal nitroglycerin was applied at 8:00 PM and removed at 8:00 AM each day. On the last day of each treatment period, patients underwent treadmill exercise testing at 8:00 AM (before patch removal) and at 2, 4, and 6 hours after patch removal. The primary end point was the treadmill walking time until moderate angina (P2). Other end points included the treadmill walking time until onset of angina (P1), the amount of ST segment depression at P1 and P2, and treadmill walking time until the development of 1 mm ST depression. Heart rate, systolic blood pressure, and the rate-pressure product were determined at rest before exercise and at P1 and P2. At 8:00 AM P1 and P2 were not significantly affected by active nitroglycerin compared with placebo, indicating the development of

tolerance. Removal of the **active transdermal** nitroglycerin patch was associated with a significant decrease in the time to P1 at 2, 4, and 6 hours after patch removal compared with placebo. There was also a decrease in the time to P2 after active patch removal that was statistically significant compared with placebo at 2 and 4 hours and was of borderline significance at 6 hours. There were no differences in heart rate, blood pressure, or amount of ST segment depression at either P1 or P2 after active compared with placebo patch removal. CONCLUSIONS: In patients with stable angina pectoris, intermittent transdermal nitroglycerin therapy is associated with a decrease in anginal threshold for 4 to 6 hours after patch removal. Although the cause of this phenomenon remains uncertain, it may be due to counterregulatory responses that develop during nitroglycerin patch application.

L1 ANSWER 6 OF 6 MEDLINE on STN
ACCESSION NUMBER: 92277033 MEDLINE
DOCUMENT NUMBER: PubMed ID: 1593244
TITLE: Clinical evaluation of the contact sensitization potential of a transdermal nicotine system (Nicoderm).
COMMENT: Erratum in: J Fam Pract 1992 Aug;35(2):138
AUTHOR: Jordan W P
SOURCE: Journal of family practice, (1992 Jun) 34 (6) 709-12. Journal code: 7502590. ISSN: 0094-3509.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL) Journal; Article; (JOURNAL ARTICLE) (RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 199207
ENTRY DATE: Entered STN: 19920710 Last Updated on STN: 19920710 Entered Medline: 19920702

AB BACKGROUND. Transdermal nicotine therapy has shown promise as a smoking cessation aid, but questions about its contact sensitization potential and long-term topical safety have been raised. The purpose of this study was to determine the contact sensitization potential of one nicotine transdermal system (Nicoderm, Marion Merrell Dow Inc, Kansas City, Mo, and ALZA Corporation, Palo Alto, Calif) in a population who were allowed to continue smoking. METHODS. This study comprised two phases separated by a 2-week rest interval. During phase 1, a 42-day open-label induction period, subjects wore only **active transdermal** nicotine systems. During phase 2, a 4-day double-blind challenge period, subjects wore active and placebo systems concurrently. Upon removal of each patch, skin sites were evaluated for signs of irritation, and subjective complaints such as itching or burning were recorded. RESULTS. Of the 186 subjects completing the study, 3 (1.6%) exhibited evidence of delayed contact sensitization manifested as erythema with or without infiltration and confined solely to sites of **active transdermal** nicotine system application. Nonallergic skin irritation was observed in less than 3% of all applications. All reactions resolved without incident. No subjects developed systemic reactions. CONCLUSIONS. The transdermal nicotine system used in this trial had a low contact sensitization incidence and was well tolerated topically with minimal irritation.

=> s electrical heating device
77287 ELECTRICAL
19622 HEATING
65985 DEVICE
L4 1 ELECTRICAL HEATING DEVICE
(ELECTRICAL(W)HEATING(W)DEVICE)

```
=> d l4 1 ibib abs

L4   ANSWER 1 OF 1     MEDLINE on STN
ACCESSION NUMBER:   91033339     MEDLINE
DOCUMENT NUMBER:    PubMed ID: 2485759
TITLE:              Erythema ab igne.
AUTHOR:             Harth Y; Bergman R; Friedman-Birnbaum R
CORPORATE SOURCE:   Dermatology Dept., Rambam Medical Center, Haifa.
SOURCE:             Harefuah, (1989 Sep) 117 (5-6) 143-5.
                    Journal code: 0034351. ISSN: 0017-7768.
PUB. COUNTRY:       Israel
DOCUMENT TYPE:      (CASE REPORTS)
                    Journal; Article; (JOURNAL ARTICLE)
LANGUAGE:           Hebrew
FILE SEGMENT:       Priority Journals
ENTRY MONTH:        199012
ENTRY DATE:         Entered STN: 19910208
                    Last Updated on STN: 19910208
                    Entered Medline: 19901220
AB   Erythema ab igne (EAI) has not been common since coal stoves have no
     longer been in general use for heating. Nevertheless, each winter several
     patients with macular-reticular skin lesions considered to be EAI are seen
     in our clinic. Correct diagnosis depends on awareness of the condition. 3
     women, aged 17, 34 and 50, respectively, in whom EAI was induced by
     prolonged sitting close to an electrical heating
     device are presented. When this was discontinued the skin lesions
     disappeared. In the majority of reported cases of EAI the course was
     benign, similar to that in our patients in whom there were no additional
     related lesions. However, isolated cases of squamous cell carcinoma
     developing in patients with EAI have been described. In other cases the
     local heating which caused the EAI was applied for relief of pain and the
     appearance of EAI was the first clue to an underlying internal disease.


=> s heated transdermal
          9090 HEATED
          4949 TRANSDERMAL
L5           0 HEATED TRANSDERMAL
                 (HEATED(W)TRANSDERMAL)

=> s temperature control
        266428 TEMPERATURE
       1536424 CONTROL
L6         897 TEMPERATURE CONTROL
               (TEMPERATURE(W)CONTROL)

=> s trandermal and l6
             2 TRANDERMAL
L7           0 TRANDERMAL AND L6

=> s transdermal and l6
          4949 TRANSDERMAL
L8           0 TRANSDERMAL AND L6

=> s transdermal patches and l6
          4949 TRANSDERMAL
         16485 PATCHES
           185 TRANSDERMAL PATCHES
               (TRANSDERMAL(W)PATCHES)
L9           0 TRANSDERMAL PATCHES AND L6
```